

2006-005  
2060101

# RETIREMENT SYSTEM FINANCIAL DISCLOSURE REPORT

Pursuant to LSA-R.S. 42:1134.2, each person who has or is seeking to obtain a contractual or other business or financial relationship with a state or statewide public retirement system shall file with the Board of Ethics a financial disclosure report semiannually if the person has made expenditures of five hundred dollars or more in a calendar year. Reports disclosing expenditures for retirement officials must be filed by August 15<sup>th</sup>, covering January 1 through June 30 of the calendar year and by February 15<sup>th</sup>, covering January 1 - December 31 of the calendar year. Although there is no registration requirement under R.S. 42:1134.2, you may be required to register and report under LSA-R.S. 49:1147.2.

Reports may be mailed or delivered to: Board of Ethics, 2415 Canal Dr., 3rd Floor, Baton Rouge, LA 70808

OR  
Emailed to: (225)763-8787 or (225)763-8780

### REPORT COVERING:

- G JANUARY 1 through JUNE 30, \_\_\_\_\_ - DUE BY AUGUST 15
- G JANUARY 1 through DECEMBER 31, 2005 - DUE BY FEBRUARY 15

**FOR OFFICE USE ONLY**  
 Postmark Date: \_\_\_\_\_

1. Name: Forsyth Douglas G  
Last First MI

2. Business Address: Loop W. Broadway San Diego CA 92101  
Street and No. City State Zip

Mailing Address: \_\_\_\_\_

3. Business Phone: 619-687-2712  
Area Code and Telephone Number

4. Employer: Nicholas - Applegate

5. Employer's address: \_\_\_\_\_  
Street and No. City State Zip

6. Did you make an expenditure exceeding \$50 on one occasion for a retirement system official:

From January 1 through June 30?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	NA	<input type="checkbox"/>
From July 1 through December 31?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	NA	<input type="checkbox"/>

If the answer to either question in Number 6 above is YES, complete Schedule A and attach.

7. Did you make expenditures exceeding the sum of \$250 for a retirement system official:

From January 1 through June 30?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	NA	<input type="checkbox"/>
From July 1 through December 31?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	NA	<input type="checkbox"/>

If the answer to either question in Number 7 above is YES, complete Schedule A and attach.

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8. PROVIDE BELOW (a) the name of the state or statewide public retirement system; (b) the aggregate total of all expenditures attributable to the retirement system made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the retirement system made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the retirement system.

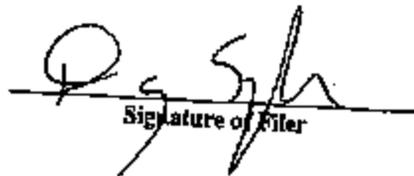
- 1) a. Name of Retirement System: Teachers' Retirement System of Louisiana
- b. Total of all expenditures made January 1 through June 30: \$ \_\_\_\_\_
- c. Total of all expenditures made July 1 through December 31: \$ 336.12  
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ 336.12

- 2) a. Name of Retirement System: \_\_\_\_\_
- b. Total of all expenditures made January 1 through June 30: \$ \_\_\_\_\_
- c. Total of all expenditures made July 1 through December 31: \$ \_\_\_\_\_  
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ \_\_\_\_\_

- 3) a. Name of Retirement System: \_\_\_\_\_
- b. Total of all expenditures made January 1 through June 30: \$ \_\_\_\_\_
- c. Total of all expenditures made July 1 through December 31: \$ \_\_\_\_\_  
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ \_\_\_\_\_

**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 42:1114.2 has been deliberately omitted.

  
Signature of Filer